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ABSTRACT

This report consists of two papers on caregiving in Asian countries. The first, "Caregiving in Developing East and Southeast Asian Countries" by Nelson W. S. Chow, discusses the change in the caregiving pattern for the urban elderly in developing countries of East and Southeast Asia. It includes examples from studies carried out in Singapore, Hong Kong, Taiwan, the Republic of Korea, and Shanghai. It is noted that, although the majority of the urban elderly are living with their families, the difficulties they encounter are still great, and the dependent economic position in which most of the elderly find themselves has reduced the respect shown to them and has made them feel inadequate and isolated. The second presentation, "Caregiving among Middle and Low Income Aged in Hong Kong" by Alex Y. H. Kwan, highlights some of the problems faced by the elderly when a society moves from being a traditional agrarian, trading-port community into an urbanized, international finance society of nearly 6 million people. Strains being experienced by the elderly and their families are identified, with an emphasis on caregivers and how Western values tend to affect support systems and family networks. The usefulness of community care programs in Hong Kong is examined. The article concludes that, although the family system is still playing the major role in providing the elderly with necessary care, the kind of care provided is far from satisfactory.
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SOUTHEAST ASIAN COUNTRIES**

by

Nelson W.S. Chow

**CAREGIVING AMONG MIDDLE AND
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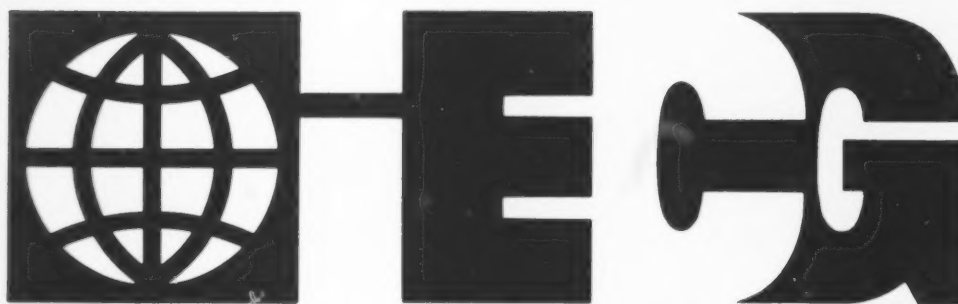
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Foreword

The International Exchange Center on Gerontology (IECG) is pleased to distribute these two papers by Drs. Chow and Kwan on caregiving. The papers were presented at the Conference, "Caregiving: Support for Maintaining Independence in the Elderly". The conference was organized by the Multidisciplinary Center on Gerontology, Florida State University and the Aging and Adult Services Program Office, Department of Health and Rehabilitative Services, and held January, 1987. The authors' participation was made possible through support provided by the IECG.

The paper by Nelson Chow is valuable not only because of its descriptive survey of several societies in Asia, but especially because of the author's conceptualization of (1) the conditions underlying emerging problems, and (2) the stages in the process or development of care systems for the elderly.

Alex Kwan's report on the Hong Kong situation is a lesson in the rapid transformation of a micro-society from a predominately traditional agrarian, trading-port community into a totally urbanized, international finance society of nearly 6 million people -- with all the consequences and implications entailed for its elderly citizens, their families, and government. Hong Kong is now a member of the "aging" countries of the world: the proportion 60 and older is more than 12 percent. Kwan's discussion of the strains being experienced by the elderly and by family units warrants special attention, particularly his focus on the caregivers themselves and how "Western" notions and values tend to affect support systems and family networks, and on the issue of just how successful "community care" programs are.

Comparative program and policy research is justified not because of the "curiosity" dimension of such work, but because of its potential for "generalizability" and as a basis for policy adaptations and improvements. Furthermore, such research provides support for my conviction that similarities among the peoples of the world's nations exceed the differences. The phenomenon of aging perhaps demonstrates this principle the most.

CAREGIVING IN DEVELOPING EAST AND SOUTHEAST ASIAN COUNTRIES

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INTRODUCTION

This paper discusses the change in the caregiving pattern for the urban elderly in developing countries of East and Southeast Asia. These countries are selected for examination because their elderly have been hardest hit by the forces of urbanization and industrialization which have only begun in their countries within their life-time. For most of them, the world was as it had been for thousands of years when they were born; however, as they grew up, not only had traditional norms and customs waned and passed away, resulting thus in a change in the kind of care they received, but they themselves also had to move away from their familiar agrarian environment to the unknown cities. Now, as they are entering into their old age, they find life entirely different from what they had seen of their ancestors, and it represents to them a most trying and difficult period.

The problems which the urban elderly in developing East and Southeast Asian countries are encountering should not, of course, be exaggerated. But, it should be remembered that the majority of people in most of these countries, like Thailand, Malaysia, the Philippines, Indonesia and China, are still living in the villages; modern cities have only grown up there in the last three to four decades after World War II (Dwyer 1972). Their urban elderly can thus claim to be the first generation to have experienced the aging process in an

industrial city. It should, therefore, be pertinent to understand their difficulties in order to find out the actions and policies which their countries could take to enable them to live a better life.

It has been mentioned that my discussion will be confined to developing countries in East and Southeast Asia. As industrialization has only begun in this region since the end of World War II, nearly all countries there, except Japan, are in a developing stage (Myint 1972). Although metropolises like Singapore and Hong Kong have gone some way in their industrialization process, they are not yet classified as developed. The following discussions will, therefore, be applicable to all cities in this region, excluding of course those in Japan, though owing to the lack of source materials, examples can only be quoted from studies carried out in Singapore, Hong Kong, Taiwan, Republic of Korea and Shanghai, where the problems of caregiving for the aged are also more acute.

While the urban elderly in these countries are the first group to have grown old in a modern city, it should not be forgotten that the cities in which they live vary greatly from one another, not only in terms of their levels of economic development, but, also, in their traditions and cultures inherited from the past (U.N. Economic Commission for Asia and the Far East 1971). It could, therefore, be dangerous to make generalizations regarding the conditions of the elderly within them or the problems of caregiving they face at present. The best that this paper can do is to relate the experiences of different countries and, if similar phenomena are found, there are good grounds to believe that the care of the urban elderly is becoming a pressing issue for developing countries in East and Southeast Asia.

The Plight of the Urban Elderly in Developing East and Southeast Asian Countries

While focusing on the caregiving problems that the urban elderly in developing East and Southeast Asian countries may face, it should be pointed out that they have also benefitted from the progress achieved. Wars and disturbances have happened in some of the countries under study, but stability has prevailed in most of them and resulted in a high rate of economic development. Countries and regions like Singapore, Hong Kong, Taiwan and South Korea have grown so rapidly in their industrialism that they have now become targets of jealousy (Chen 1979). As a whole, living standards in most cities in East and Southeast Asia have been raised, absolute poverty reduced and most people are now enjoying a longer life span and greater material affluence than ever before (Wong 1978). The caregiving problems to be described as besetting the urban elderly are thus emphasized for the purpose of identifying the actions which these countries and regions must take to improve their lives; it does not mean that the urban elderly are necessarily worse off than their ancestors or their counterparts in the villages.

Nevertheless, the urban elderly under examination are no doubt living in an unprecedented age and facing changes unheard of in their societies in the past. One of the obvious changes is that more and more of them are no longer living with their grown-up children. In Hong Kong, it was found that about one in four of those aged 60 and above were either living alone or staying with another elderly person (Hong Kong Government 1977:2). In studies on the living pattern of the urban elderly (aged 65 and over) in Taiwan, though more than 75

percent of them were found in the early 1980s to be living with their grown-up children, there was an obvious trend for an increasing number to live alone (Luo 1985:8-11). In a survey on the senior citizens (aged 55 and over) conducted in Singapore in 1982, it was found that 81.4 percent of them were still living with their children, but the rest were either living alone or with spouses or other persons (Singapore Ministry of Social Affairs 1983:12). In South Korea, according to information released by the Ministry of Health and Social Affairs, the number of three-generation households had decreased from 26.7 percent in 1986 to 21.0 percent in 1972, though it was stressed by the Ministry that "the ties between parents and offsprings are still close and strong even in cities" (Korean Ministry of Health and Social Affairs 1979:43). In Shanghai, a survey conducted in the early 1980s revealed that of the 3,380 households with pensioners interviewed, 78 percent, or 2,637 households had pensioners living with their children (Fudan University 1981:31). To sum up, it seems obvious that the norm of this region is for the urban elderly to live with their grown-up children; there is even shame in not doing so, though the trend is set for an increasing number of them, either out of choice or necessity, to live alone or with persons other than their children.

So far as developing countries are concerned, whether or not the elderly are living with their children still determines to a great extent their possibility of receiving care from the latter. The fact that the majority of the urban elderly in this region are continuing to live with their children indicates that the support of the elderly remains largely a family matter, and this will help not only in

reducing the difficulties of the aging process, but also in relieving the burden of the state in supporting a great number of lonely elderly (Nusberg and Osako, 1981). However, in view of the rising number of nuclear families, it will be useful for governments to institute measures to encourage children to live with their elderly parents so as to maintain the prevailing mode of co-residence between generations.

The formation of nuclear families may have only deprived a small portion of urban elderly in this region of the opportunity to live with their children, but setbacks in their economic status are bothering all. Rather than holding the reins of economic resources as they used to do, the urban elderly in this region are now economically dependent on either their children or the state for a living and this affects the kind of care received by them (Thompson 1983). Recent studies conducted in some of the cities in this region showed that very often the poor consisted largely of elderly persons who lived alone. For example, nearly two-thirds of the 62,000 public assistance cases at the end of 1985 in Hong Kong applied because of poverty in old age. Other research findings further showed that the failure of the urban elderly to support themselves in old age and their subsequent need to depend on their children often induces an adverse relationship between the two generations (Chow 1983). Anyway, it is a common phenomenon for the urban elderly to be economically dependent. In Taiwan, a recent survey revealed that only 15.8 percent of the elderly interviewed were able to support themselves, while 21.2 percent depended on the support of the eldest son and 59.3 percent had the burden shared between the children (Kiang and Chang 1985:44). The

same situation also existed in other cities: a survey in Singapore reported that 84 percent of the elderly interviewed regularly received financial and material support from their relatives (Singapore Ministry of Social Affairs 1983:25) and in South Korea, a national survey conducted in 1974 found that 56.7 percent of those who had retired expected financial support from their children (Korean Ministry of Health and Social Affairs 1979:42). But in Shanghai, as the majority of the elderly there are receiving retirement pensions, they are usually less dependent financially on their children and some of them are even reported to be regularly giving money to children who earn little (Shanghai Committee on Aging, 1984).

Nevertheless, the general situation of the urban elderly in this region is that most have been relegated to a subjected economic position with some even having to resort to assistance from the state. This situation has arisen partly from the lack of retirement benefit schemes in most countries of this region (Wadhawan 1979). Even for those which have introduced social insurance or provident fund schemes, the benefits given can seldom form a reliable source of financial support for the retired. For example, members of the Central Provident Fund in Singapore can only obtain on retirement what they had accumulated and the sum is acknowledged to be inadequate for the needs of the entire old age period. In Taiwan, again only lump sum benefits equivalent to a few years' salary (one month's salary for every year of coverage) are given to employees who retire under the Labour Insurance Scheme (Kaim-Caudle 1983); as a result, only 13.3 percent of the elderly interviewed in a survey in Taipei were reported to be solely living on their retirement pensions (Shiau 1985:11).

Indeed, other than the examples mentioned above, the majority of employees working in the cities in the East and Southeast Asian region are not yet provided for in their old age. The fact that only a small proportion of the urban elderly are entitled to the rights of financial independence implied that most have simply to fend for themselves or to seek support from their children. Of course, problems would not have arisen if they could either save up enough while working or their children were prepared to support them. However, as the present group of urban elderly were usually paid meager wages while working and had heavy family responsibility, their saving capacity was often very low. Besides, most did not see the need to save up for old age as they had never seen their ancestors do so. But when it comes to seeking support from children, evidence indicates that the younger generations are increasingly less and less willing to shoulder the responsibility of supporting the old (McGillivray 1980). To summarize, most urban elderly in this region are economically dependent because their countries are not providing them with adequate income protection schemes and often the elderly themselves have not made preparations for an old age in which they can be independent financially. This has forced many of them to accept a subjected economic position in both the family, and the society, and has created a high incidence of poverty among the elderly population.

For the urban elderly in this region who still believe that old age should be honored, an economically dependent status is indeed hard to bear. The esteemed position the aged used to occupy in the past was supported to a large extent by the economic power they had as head of the household or owner of the land. However, with the changed

circumstances and the present elderly being forced to depend on their children for financial support, they suffered an inevitable loss of status as they have not only to admit inadequacy but also accept a minor role and weakened functions (Ikels 1983:3-35). Studies on their life-style in fact revealed that an entirely new image of the elderly is now emerging, very different from that traditionally held of them. There is now little evidence to show that the urban elderly are still venerated by members of their families and the society. The Government in Singapore has recently found it necessary to reiterate the teachings of Confucius and to stress the importance of filial piety (Richardson 1982). To follow that up, the Ministry of Health of the Singapore Government, in a report on the problems of the aged published in 1984, stated that one of the elements of policy for the aged must include a strengthening of "the traditional family system, filial piety, respect for the elderly in the family and general reverence for old age" (Singapore Ministry of Health 1984:5). In another study on the changing life-style of the elderly in Hong Kong, it was found that those interviewed had usually a very low image of themselves and they expressed a strong feeling of isolation and uselessness (Chow and Kwan, 1984). In South Korea, where industrialization has only had a short history, the Korean Ministry of Health and Social Affairs, while stating on the one hand that "The traditional values of the Korean family are characterized by the filial piety based on Confucianism, the hierarchial order centered around the unshakable position of the patriarch," admitted on the other that "with the spread of the idea of efficiency and rationalism demanded by the industrial society, the traditional family-centered

values have come to lose much of their significance" (Korean Ministry of Health and Social Affairs 1979:42). Even China, in a paper presented at the World Assembly on Aging in 1982, emphasized that it was time that the elderly be given a proper role to play in their families and in society (Chinese National Committee on Aging 1983:229-232).

It is thus fair to say that other than financial inadequacy, another problem that the urban elderly in this region are facing as related to the issue of caregiving is the loss of a role to play in their families and in society. The Chinese National Committee on Aging in a national conference on the elderly held in August 1984 has put up a slogan stressing that caring for the elderly means that they must be "financially supported, cured when ill, have a proper role to play, have opportunities to learn and things to enjoy (Yu 1984)." Indeed, an important thing for the elderly is that they must be able to see themselves as being useful. Studies so far indicated that most of the urban elderly in this region have often failed to find a meaning in life. The National Survey of Senior Citizens in Singapore in 1983 found that most common leisure activities of the elderly were watching television, listening to radio and going for walks (Singapore Ministry of Social Affairs 1983). A study conducted in Taiwan in 1983 found that out of 636 elderly respondents 141 admitted that they felt lonely (Kiang and Chang 1985:47); though the number seems small, it has to be remembered that to be lonely in old age is still a shame in a Chinese society. The situation appears to be even worse in Hong Kong where a survey found that nearly two-thirds of the 441 elderly interviewed agreed that "to be old is to wait for the coming of death

(Chow and Kwan 1984:48)." Another study also found that elderly abuse is becoming a pressing issue in Hong Kong (Chan 1985). Indeed, the life of the urban elderly in developing East and Southeast Asian countries has much to be desired. The task facing policy makers for the elderly is not merely a matter of securing adequate support for them, but also creating a life which the elderly will find meaningful.

The needs of the urban elderly in this region, as revealed by the research studies, are varied and go beyond material support. In the study conducted in Taiwan by Kiang and Chang (1985:44), the greatest need of the elderly was found to be psychological support, followed by health services and financial assistance. The Committee on the Problems of the Aged in Singapore also stressed the importance of "continued employment and participation in family and community activities (1984:5)" by the elderly. The South Korean Government, in a statement on social development strategies, stated that it should be "concerned with human alienation in a modern industrial society, a society in which people are spiritually starving even in the midst of material affluence." The strategy to be adopted should thus be "a well-balanced development between the material and spiritual aspects of life (Korean Ministry of Health and Social Affairs 1979:45)." In summary, most countries and regions under examination seem to agree that in meeting the needs of the urban elderly, attention must be paid to their material and non-material aspects. This emphasis is attributed to the fact that, despite the general absence of adequate income protection schemes for old age, the majority of the urban elderly in this region can still have their basic needs met as they continue living with their children, but they find it much more

difficult to adjust to a fast changing city life as they are seldom assisted to do so. Surveys conducted in Hong Kong and Singapore indicated that, as a result of their inability to lead an active social life, most of the elderly are forced to stay at home with their grandchildren. These duties which now fall mainly on the elderly used to be performed by their daughters or daughters-in-law who often choose to go out to work after marriage. The contribution of the elderly in household chores is in fact very valuable, serving as a stabilizing force in the family, but is seldom recognized and the elderly are subsequently relegated to a position equivalent to domestic servants. Besides, there are other restraints which prevented the elderly from leading an active social life; for example, community activities especially tailored for the needs of the elderly are scarce and even nonexistent. So inactive are the elderly that despite their growing numbers, they have hardly made their presence felt except by those supporting them.

Policies and Strategies to Help the Urban Elderly

It should be pointed out that the support of the urban elderly has only become a public issue in the East and Southeast Asian region in the last ten years or so. In Hong Kong, a working party to look into the future needs of the elderly was established by the Government in 1972 (Working Party on the Future Needs of the Elderly, 1973) and the relevant policy paper on the development of social services for the elderly appeared in 1977. The South Korean Government in the late 1970s still thought that "It will be beneficial to the Korean social security system to promote the still remaining social ethic of the support of old parents and respect to the elderly, and to leave the

support of old parents to their grown-up offsprings primarily and then to expand the social security to the supporters (Korean Ministry of Health and Social Affairs, 1979:46)." In Singapore, the needs of the elderly were not discussed until a few years ago when in 1982, the Government set up a Committee on the Problems of the Aged. The Committee subsequently conducted a survey to find out the conditions of the elderly and made recommendations of government action (Vasoo and Tan, 1985). In Taiwan and Shanghai, the needs of the elderly have been given greater attention in recent years; a law to promote the well-being of the aged was promulgated in Taiwan in 1980 (Hsu, 1985) and the Shanghai Municipal Government has recently improved its care for the elderly through the services provided by its Civil Affairs Bureau (Shanghai Committee on Aging, 1984).

Since policies to support the elderly have not been formulated in the above countries and regions until lately, relevant measures and services instituted are thus few and rudimentary. Generally, these countries and regions are still relying to a large extent on the family system to provide the major portion of care and support for the elderly. Even in Singapore and Hong Kong, where resources are more readily available as a result of rapid industrialization, social services for the elderly are still found lacking in most instances. The overall situation can be summarized by Little's (1982:16-17) four hypotheses regarding the provision of social services for the elderly, namely: the universality of services given by families and people for those who can afford to pay; the precedence of public institutional care over community care; and the general lacking of home-delivered services to supplement family care. A further analysis of the data

available suggests that four different stages can be identified regarding the development of care systems for the elderly in the countries and regions under examination. These four stages are:

Stage 1: Care comes entirely from families and relatives. It is morally obligatory for children to support their elderly parents and failure to do so is regarded with shame.

Stage 2: Private or charitable institutions for old people are established and accepted as an alternative to family care, especially for the lonely elderly.

Stage 3: Public provision of social services is acknowledged as necessary to supplement family care. The "open care" concept is introduced with community support services provided side by side with institutional care.

Stage 4: Attempts are made to adopt an integrated approach towards the support of the elderly, including a balanced development of case assistance and services-in-kind, and a combination of public and family efforts.

There is no denying that each country may have its own particularities, but those under examination seem to have followed a similar pattern in developing their policies regarding the support of the elderly. Hence, in the initial stage when the care of the elderly became an issue of public concern, these countries usually reacted by emphasizing the importance of family support and the undesirability of public intervention. In a policy paper on social welfare services published in 1965, the Hong Kong Government stated that "social welfare services should not be organized in such a way.... encouraging the natural family unit to shed on the social welfare agencies, public

or private, its moral responsibility to care for the aged or infirm (Hong Kong Government, 1965:5)." The South Korean Government in the late 1970s held the opinion that "it is questionable whether to keep on the social security program in such a way that may further the disintegration of the family in general (Korean Ministry of Health and Social Affairs, 1979:46)." Statements like the above two can also be found in policy papers of other countries in this region when the care of the elderly first attracted public attention. However, as more and more old people needed care outside the family system, institutions for the elderly began to increase in number, established mostly by charitable organizations; these were also gradually accepted as a viable alternative to family care. At a later stage, the demand for support services for the elderly outside the family system was so great that it necessitated public intervention.

By and large, most of the countries under examination have now entered stage 3 where the care of senior citizens has been accepted as a government responsibility, though the role of the family system is very much emphasized. For example, a national policy for the elderly recommended in Singapore in 1983 aims at combining the different roles of government, the family and other voluntary and charitable bodies in support of the elderly. The law promulgated in Taiwan to promote the well-being of the aged also recognized the responsibility of the Government in the care of the elderly. The Seventh Five-Year Plan (1986-1990) recently adopted by the Chinese Government stressed that "We shall put in place a social security system ... continue to foster the fine tradition of mutual assistance among relatives, friends and neighbors (Chapter 51)." In summary, the present question for the

developing countries of East and Southeast Asia is no longer the necessity or otherwise of government intervention, but the extent to which the government should assist the family and the level of resources the government should allocate for such purposes.

In fact, despite the short history of public provision, the range of social services now available in some of the countries and regions under study has increased so rapidly that it is comparable to developed countries in the West. For example, in Hong Kong where a "care in the community" approach has been adopted since 1973 to enable the elderly to remain in their own homes, a wide variety of community support services have been introduced including community nursing, hostels, day care centers, canteen and laundry services, home help and social centers (Hong Kong Government, 1977). Other cities in this region, like Singapore and Shanghai, have already emphasized that the relevant policies must not be confined to the establishment of institutions, though their community support services for the elderly are still limited. The Shanghai Municipal Government has been active in recent years in organizing cultural and recreational activities for the elderly; educated retired persons are also provided with opportunities to contribute towards the society's well-being by acting as reformatory school counsellors, translators and advisors (Fudan University, 1981:35). The national policy for the elderly recommended in 1984 in Singapore also proposed to "give older workers more employment options such as part-time work, flextime, work that can be done at home and work on an alternate day basis (1984:6)." It appears that national policies for the elderly in this region are seldom confined to merely the necessary institutional and community support

services; emphasis is often placed on helping the elderly to truly become members of the community to which they belong.

Thus, while social services for the elderly may still be found lacking in the cities of this region, relevant policies so far formulated show certain common characteristics. Two of them are worthy of detailed discussion. The first special feature is the emphasis on the continued importance of the family system in caring for the aged. This arises partly from the fact that due to the lack of resources, the family system is simply indispensable in contributing towards the care of the elderly. However, the emphasis seems also to be based on a genuine belief that only within the family system can an elderly person find true satisfaction and happiness. It can even be argued that so long as this belief is held by the majority of the people in East and Southeast Asia, a national policy for the elderly can never ignore the functions of the family. The second special feature is the importance given to both the material and non-material aspects of the lives of the elderly. As the South Korean Government once put it: "Issues of individual happiness or social welfare must fundamentally be more a matter of metaphysics, ethics, and value judgements than a matter of visible materialism (Korean Ministry of Health and Social Affairs 1979:45)." The non-material aspects are no doubt abstract and intangible and are thus difficult to define and fulfill. Nevertheless, planners in countries of this region who do not pay attention to the spiritual needs of the elderly will fail to come up with a satisfactory policy. At the present stage, it may be difficult to assess the extent to which policies on the elderly formulated in developing countries of the East and

Southeast Asian region can actually satisfy the material and non-material needs of the elderly, but they certainly have their own special purposes to achieve.

CONCLUSION

Since the urban elderly in developing countries have only grown in numbers in recent years, it is not surprising that services provided for them are short in supply. The examination of the conditions of the elderly living in major cities of developing countries in East and Southeast Asia reveals, however, that although the majority of them are living with their families, the difficulties they encounter are still enormous. The subjected economic position which most of the elderly now occupy has not only greatly reduced the respect shown to them, but has also made them feel inadequate and isolated. Life to a substantial proportion of them is indeed dull and meaningless. Furthermore, the elderly are often deprived of a positive role to play in their families and in the society.

The policies being enforced in countries of this region to support the elderly have mostly been introduced in recent years; retirement benefit schemes form in most cases the only measures implemented on an extensive scale, but the amounts given are admittedly inadequate. As for community support services for the elderly, their importance has only recently been accepted as a necessary supplement to the functions performed by the family system. A further analysis of the relevant policies reveals that in caring for the elderly, most countries under examination have not only stressed the important role of the family, but also the necessity to satisfy both their material and spiritual needs. The extent to which these

countries are able to achieve these objectives has yet to be assessed. In the meantime, measures to provide adequate care for the many elderly who have never thought of growing old in an industrial society will be most urgently called for.

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CAREGIVING AMONG MIDDLE AND LOW INCOME AGED IN HONG KONG

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INTRODUCTION

Of the various ethnic groups, the Chinese family is viewed as a close-knit social unit from which its members derive support, security, and a means for meeting needs. The tradition of valuing the aged in Chinese society had been the subject of many popular stories and prose. In the old days, since long life was a symbol of blessing from heaven, having an old member in the family will bring blessings to the family and the clan, hence he or she deserved special privileges and protection. Senile decline was taken as a matter of fact and the family would come together to cope with the problems, however marginal the level of subsistence. Furthermore, as filial piety is stressed in Confucius teaching, children who honoured their parents were praised and held as models for everyone in the clan. The aged represented life experience, knowledge, authority, and status. Under such cultural influences, the status and prestige of the aged were high in traditional Chinese society. That is why China has been described as a "gerontocracy" because of the position of the elderly in the family and the general veneration of the aged in the Chinese world view. In spite of physical infirmity, the elderly were able to continue to perform useful and socially valued roles. Thus, caring for the elderly posed no social problem in the traditional Chinese family.

The Hong Kong Context

Hong Kong, like many cities in Asia, has experienced tremendous socio-economic growth in the last two decades which has transformed the city from a basically agrarian community as well as a small trading port, to a highly urbanized city and international finance center in the East. The most striking change has been a sizable growth in the total population, from 0.6 million to 5.5 million. This has been accompanied by increasing numbers of elderly, who are now a larger proportion of the total population than earlier. According to census statistics, the proportion of elderly aged 60 and over in Hong Kong increased from 7.4% (293,273 persons) in 1971, to 9% (398,180 persons) in 1976, to 10.2% (507,018 persons) in 1981, to 11.6% (640,000 persons) in 1986 and is expected to rise to 12.6% (737,100 persons) in mid-1990 (Census and Statistics Department, 1986:7-12). The size of the elderly population has increased by 73% since 1971 while the overall population has only increased by 27% (Government Secretariat, 1982:5). It is projected that the number of elderly people will grow to 800,00 in ten years' time. The life expectancy of males born in 1981 is 71.7 years and of females 77.5 years (Government Information Service, 1982:15).

In other advanced countries, the problem of the aging of the population, with its attendant needs for medical, housing and welfare provisions, has been faced squarely and various precautionary measures adopted. With increasing urbanization and industrialization, environmental constraints such as small housing units and western influences, the family unit is coming under great strain and old people are being compelled to rely on government for a greater measure

of support than was necessary hitherto. However, this has not been the case in Hong Kong.

Before 1945 social welfare policies and programs in the Crown Colony of Hong Kong were little developed. British colonial policy tended to be pragmatic and remedial, reflecting a Poor Law philosophy which aimed to return the underserved poor to their countries of origin, and at keeping the Colony from serving as a Mecca for poor Chinese and the poor of other Asiatic countries. The Second World War and the Chinese Revolution initiated a change process and forced a new focus on social welfare problems, including those of old people. There is no doubt that aging brings with it many problems, one of the problems is the caregiving aspect.

Within this paper, we will specifically look into the caregivers. Findings from recent studies (Chow and Kwan, 1986; Kwan and Chow, 1985; and Kwan, 1986) will be used in order to highlight some of the attitudes, feelings, and relationships of caregivers and elderly in middle and low income level in Hong Kong. Though there are many different ways to define 'old', here in Hong Kong, we generally refer to those of 60 years of age and over as 'the elderly'. For traditionally the 60th birthday was an occasion for special celebration because, in a sense, the individual was reborn on this birthday. The traditional Chinese calendar consisted of sixty year cycles; thus, the 60th birthday marked the beginning of a new calendrical cycle. Every tenth subsequent birthday was also regarded as a 'big birthday' and was ideally marked with a banquet or festive meal with family and friends. The 60th birthday also signified elevation to the status of elder.

Two Exploratory Studies on Aging

What does it mean to grow old in contemporary Hong Kong? What are some of the relationships between the elderly and their caregivers? One must recognize in the past people have tended to idealize old age in Hong Kong. The aged persons had been perceived as being very content, highly respected, adequately looked after by their families, valued by their children and grandchildren, and were allowed to indulge their dependency and authority needs -- quite a contrast to less positive views of old age in Western society. When the Hong Kong Government planned its services for the elderly in 1977 it worked more or less on the same assumption that "Chinese society has a traditional healthy respect" for old people. The Chinese family remains a tightly knit one and the majority of old people are cared for by their families (Hong Kong Government, 1977). This assumption may be applicable to those elderly members of the society who live in closely knit families and neighborhoods. And, as long as the number is small their needs can be met by their immediate families, relatives, and friends. But for the majority of the aged in Hong Kong situations have changed, somewhat drastically, in the last twenty years.

First, the impact of changes in social structures, particularly the family structure, has been tremendous. While there is a strong belief in family solidarity and interdependence, the nuclear family in Hong Kong can no longer fulfill the many functions which were formally assumed by a traditional clan-oriented family network. Secondly, the shift from an agricultural to an industrial-urban community affects the basic conditions of life for all ages, and has implications for both the young and the old. For example, changes in the economic

structure affects needs for training, extended periods of education, and further education for adult workers. The old generation must accept the younger generation's wish to 'get ahead' and to be independent.

With the emphasis placed on youth and productivity in an industrial-economic system, the society continues to give priority to the younger group in terms of allocation of resources and social provisions. For instance, the public housing policy in Hong Kong enforces policies that married children must leave the family to set up their own household. The aging parents are thus forced to live separately from their adult children, whether they like it or not. In this way, family ties are weakened by this physical separation reinforced by a government which upholds Western ideals and values.

When decreased attention is paid to the positive values of maturity and other potentials of mature adults, the generation gap becomes wider. Intergenerational conflict is said to be responsible for the isolation of the old and for their exclusion from the protection and care of the family. Disengagement is in fact an enforced reaction of the elderly persons as they sense rejection by their adult children and junior colleagues. The result is a feeling of alienation which is destructive of the old people's right to social integration.

The above seems to describe the common problems faced by our Hong Kong aged members today, yet there has been little empirical research to back up this general impression. How valid are these problems and to what extent do they affect our elderly? No doubt, some of the elderly persons are having a tough time, but many may face old age

with a different attitude and lifestyle, reflecting the variety of aging patterns in Hong Kong. In order to fully understand the older members of our society, here in this paper we will specifically look at two recent studies which were carried out under the auspices of the Department of Social Work, Chinese University of Hong Kong, and the Elderly Division, Hong Kong Council of Social Services.

The first comprehensive Hong-Kong-wide study of the low income elderly took place in 1983. With the assistance of the Census and Statistics Department, a sampling frame of 723 families with old persons and with a total household income of \$3,500 or less a month were drawn, from which a random sample of 578 were selected for the study. At the end of the visiting period, of 623 households approached, 441 were successfully interviewed. The questionnaire, which consists of 70 items, focused on getting information on the background of the elderly interviewed; their employment and financial conditions; the health conditions of the elderly; the life-style of the elderly; and questions directed at the caregivers of the elderly.

The second Hong-Kong-wide study of the middle income elderly took place in 1986. With the assistance of the Association of Private Homes of the Elderly a sampling frame of 192 private and profit-making homes for the elderly were drawn, from which a random sample of 96 were selected for the study. At the end of the visiting period, of 69 homes approached, 443 elderly respondents and their caregivers were successfully interviewed. The questionnaire, which consists of 80 items, focused on getting information on the background of the elderly respondents; their current financial condition; relationships with

family members; opinions about their home; their nursing care needs; and their personal care needs.

The Findings

1. Nature of Relation between the Elderly Respondents and their Caregivers: From the low income elderly sample, 82.5% indicated that they stayed with their family members (e.g. spouse, son or daughter, son- or daughter-in-law). As to the middle income group, 69.3% also indicated that before they were admitted into the private homes, they were staying with their family members. On an average, those not on their own were living with one child and one grandchild and less than half were with their spouses. And it was not uncommon for some families to have elderly respondents living with their in-laws. However, respondents' households seldom consisted of members who had no direct blood relationships, such as friends.

The above findings reconfirm the 1978 study (Hong Kong Council of Social Services, 1978:34) that more than 59% of the respondents lived with their spouse, son, daughter, grandchildren, son- or daughter-in-law; the 1982 study (Department of Social Work, 1982:19) that 75% of the respondents stayed with their family; the 1983 study (Chow, 1983:48) that there were 59.5% respondents living with family; and the 1985 study (Social Welfare Department, 1985:7) that 53.5% of the applicants were living with family. Therefore, it is obvious that most of the Hong Kong elderly were staying with their family members, and family members inevitably play a key role in providing care to the elderly. Then the question becomes: Do the caregivers alone tackle the problems or do they need sufficient and adequate supportive services in the community to back them up?

2. Frequency and Kinds of Help: Regarding the kinds of help the caregivers rendered to the elderly respondents, from the low income group, the most frequent services were escorting them to go out, washing, shopping, cleaning, and cooking. But, it is important to note that even among the above items, help was seldom provided on a regular basis. Regarding direct cash assistance, only 52% of the caregivers reported that they regularly gave money to the elderly respondents. Other than cash (23%), interestingly the elderly also contributed back to the family in other ways, such as house-keeping (76%), doing household chores (68%), and looking after the grandchildren (39%).

On the other hand, the middle income groups suggested that the main reason for their admission into private homes was nobody in the family cared about them (88.5%) when their physical health deteriorated. As to the monthly cost of staying there, 66.8% of the elderly respondents were financially supported by their children.

Furthermore, when we looked at the willingness of the caregivers to care for their elders, in the low income sample, the caregivers did not usually regard this as a unacceptable burden, although around 10 to 20% did express their unwillingness to carry out such duties. This was particularly true when the elderly were not capable of self-care. Of the middle income elderly respondents 64.1% were sent to the private homes by their family members. Does that mean the caregivers in the middle income level did not wish to look after their aged or were these differences because 80% of the elderly needed intensive medical and nursing care which caregivers hardly can cope with?

3. Relationships with their Caregivers: Among the low income elderly, the average number of visits which the caregivers made in one month was 12.9 times. In regards to their relationship, 28% of the elderly considered their relationship very good, 40% good, 30% fair, and only 2% poor or unsatisfactory.

In the middle income group, 47.7% considered their relationship with their family very good before admission to the private homes, 33.4% good, 5.6% bad, and 1.6% very bad. After admission to private homes, 46.7% still considered their relationship very good, 35% good, and 5% bad, and 1.1% very bad. With this group, 47.9% of caregivers made a visit at least once a week, and 37.6% at least once a month to the elderly in the private homes.

While we could in no way check the sincerity of these remarks, we believed that owing to the fact that most of these caregivers were the elderly respondents' spouses or children, plus the strong normative value in the society of respecting and caring for the aged, it was only natural for the caregivers to describe their relationship with the elderly respondents a bit better than it might actually be. Hence, a fair relationship might probably be denoting a condition more on the negative than the positive side. No one will deny the fact that providing care to a frail elderly member in the family is not an easy task itself; it makes us wonder what will happen to both the caregiver and the aged if the caregiver was overburdened?

The Controversy of Community Care

In Hong Kong, the family remains the chief supporter of the elderly. According to the 1981 Population Census, of the 491,740 elderly population (aged 60 and over) living in domestic households,

12.1% were living alone and 2% living in non-nuclear family households consisting of unrelated persons. The remaining 85.9% (422,516) were living with family members or relatives. However, among these 85.9%, 17% (73,379) were living with only one other member (and 35,982 of these were living with a person also aged 60 and over). Nonetheless, it can still be concluded that the extent of family support to the elderly population is still strong in Hong Kong. As already highlighted in the earlier discussions, family members play a major role in caregiving of their elderly. But, will they be provided with enough support from the community or government to sustain this effort? Now let us briefly examine the community care concept advocated by the Hong Kong Government in recent years.

With an attempt to draw up policies and program plans for services for the elderly in Hong Kong, a "Green Paper on Services for the Elderly" was published by the Government in late 1977 as a result of a joint effort between the Government and the Voluntary Sector. The quite comprehensive green paper eventually became an eight page chapter in the white paper, "Social Welfare into the 1980's", published in April, 1979. The stated objective of providing services for the elderly is "to promote the well-being of the elderly through care in the community and by the community" (p. 14). The Government's strategy will be three-fold: firstly, to provide a range of community services and improved cash benefits that will encourage families to look after their elderly members or which will enable old people on their own to live independently and in dignity in the community for as long as possible; secondly, to provide residential institutional facilities for those who, for health or other reasons, can no longer

live with their families or on their own; and thirdly, to promote a better understanding of the process of aging so that old age can become a more positive and productive period, not only for the elderly themselves, but also for the community at large.

As the basic philosophy of community care is to retain older persons' self-esteem, respect, and a sense of belonging to the community at large, the caring of the elderly has to be kept in the community and with the community. This means that the community will provide assistance to meet the needs of the elderly at the local level. Therefore the continuation of social interaction with family members, kins, and friends, and the new development of social relationships between housemates and neighbors is significant to facilitate community care. Up to now our total number of social centers for elderly and multi-service centers for the elderly are falling far short of the demand expected.

The next question is whether the elderly tenants are being cared for and being looked after within the community? There must be someone who pays attention to the elderly's needs and concerns. Our Government has planned to act as "formal service providers" with a range of social services as supplement to the informal care, but only up to the end of 1984. Then the social Welfare Department initiated for the first time direct residential services to elderly clients (Kwan, 1986:201). Otherwise all other services for the elderly were provided by voluntary agencies.

The last question relates to who are actually caring for these elderly? The members of the helping network and their degree of involvement will indicate if the elderly are being cared for in the

community or cared for by the community. In past years, many social critics already challenged the Government on the community care slogan and raised questions about its effectiveness. We all know that independence is one of the fundamental qualities that gives a man a sense of himself. Independence in old age is closely linked to problems of economic security, work, and health. Without a willing and active government in elderly welfare, how much can the community sustain the whole responsibility of caring the elderly?

FINAL REMARKS

Reintegrating the elderly into society will depend on the formulation of social policy which provides for services to meet specific needs, but is also a way of developing a network of viable and functional social relationships around the old person. Care for the elderly is not just to offer them institutional care when they do not have a family to fall back on, or to offer them medical care when they fall ill. These concepts extend the meaning of community care far beyond domiciliary care, implying the existence of interdependent social relationships which enhance the sense of dignity and self-worth of those involved. Within such a network of caring relationships, the elderly will be helped to withdraw from their primary social roles without feeling unwanted and useless. From this point, is it possible for the elderly to shift from an emotional investment in family roles and occupational roles to other social roles in the community?

The Programmed Plan for the Elderly, endorsed by the government in 1979, is quite a comprehensive document, which looks into the housing, medical, employment and social needs of the elderly. Balanced and coordinated development of provisions in these different

fields should ensure a more secure life for our growing number of senior citizens and demonstrate the community's care and respect. However, what has been done in the following seven years falls far short of the demand and the stated policy objectives.

Another general observation is that though it is the aim of the Government's social welfare policy to enable the elderly to remain as long as possible as members the community by providing them with the appropriate services, findings do not show that this policy has benefitted the elderly who were living with their families. This failure to make an impact may be due either to the insufficient supply of the services so that they were not available to those who needed them or to their irrelevance in achieving their intended aims. To us, the first seems to be more plausible. In other words, Hong Kong, like other countries adopting similar approaches, has been paying only lip-service to the "care in the community" concept. Thus, while promises are made for services to be provided to enable the elderly to remain as long as possible as members of the community, the Government has never succeeded in making available the necessary help and assistance. This results in families remaining the primary provider of care for their elderly members and they have to shoulder the responsibility all by themselves. This poses enormous difficulties for both the elderly and their families.

In our opinion, the most positive and meaningful way to assist the increasing number of the elderly population is to improve existing policy plans, to provide enough supportive service for caregivers, to preserve and draw out the knowledge and contribution of the willing and able elderly, and to change the conception of the elderly from

being the "waste or leftovers of society" to being the "energy of the society". Only when the elderly feel that they are contributing to the rest of society will they be a group of happy and healthy senior citizens.

With the prolonged shortage of community support services for the elderly, it could be foreseen that this would not only make the "care in the community" concept a mockery, but also leave many families with no choice but to put their frail elderly into institutions, therefore defeating the purposes that the concept aims to achieve. On the other hand, there aren't enough public institutions for the family to rely upon; therefore, they have to send their elderly to private profit-making ones. Unfortunately, up to now there is no legislative control on these homes, since a Code of Practice was only published by the Social Welfare Department in October 1986 serving as a general guide of the operators (Lo, 1986:2-3).

For example, planned development in residential and day care facilities has been delayed time and time again because of financial stringency. In 1985-86, only the three planned aged hostels and three care-and-attention homes have been completed. But, less than half of the five planned multi-service centers, two day care centers and nine social centers were materialized and these are of vital importance to the stated policy of promoting community care for the elderly. Another example, is the woefully insufficient number of infirmary beds in hospitals, forcing a number of elderly who need that level of medical care to remain in care-and-attention homes, thereby, depriving others who need a home the opportunity.

Apart from service provision and coordination, the Government should rightly be charged with a responsibility for long-term planning for our aging population. For instance, without a comprehensive pension scheme or a central provident fund, the community will have to shoulder an ever-increasing demand on its resources for the subsistence of the elderly. At present, over 60% of Public Assistance recipients are elderly, and Old Age Allowance (for people over 70) takes up 25% of total welfare expenditures.

Furthermore, while it is evident, as revealed by the previous studies, that the family system is still playing the major role in providing the elderly with the necessary care, the kind of care provided is far from satisfactory. Findings showed that most families were only supplying their elderly members with the bare means of living. As a result, the lives of the elderly with families were often as dull as the lonely ones and socially they were no more active. It seems obvious that if the elderly are to be encouraged to lead a more active social life, help must come from the society/government rather than the families alone.

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